

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-002004
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 220

FILED JAN 25 1962

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 40 days	c. CITY OR TOWN Prairie Village		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4106 W. 68 Terr.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Orel Middle Velma Last Seaton			4. DATE OF DEATH Month 1 Day 13 Year 1962		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-13-1897	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY Public High School		11. BIRTHPLACE (City and state or country) DeKalb, Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME James M. Seaton			
13b. MOTHER'S MAIDEN NAME Nora Bennett		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Overland Pk. Mrs. B.D. Varner 8838 Marty	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Carcinoma of Lungs DUE TO (b) Primary Carcinoma Left Lungs DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 2 Mos. 1 Yr. ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) none			
20c. TIME OF INJURY Hour 2:30 a.m. p.m. Month, Day, Year JAN 13, 1962		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) JAN 13		20f. CITY, TOWN, OR LOCATION JAN 13		COUNTY	STATE
21. I attended the deceased from Sept 1961 to Dec 13 1962 and last saw her alive on Dec 12 1962 Death occurred at 2:30 AM JAN 13, 1962 m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Robert J. Boody, M.D.		(Degree or title)		22b. ADDRESS #217 Perza Pine Bluff, Mo	22c. DATE SIGNED 1/13/62
23a. BURIAL CREMATION REMOVAL (Specify) Burial	23b. DATE 1-15-1962	23c. NAME OF CEMETERY OR CREMATORY Graceland		23d. LOCATION (City, town, or county) Cameron	(State) Missouri
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar		ADDRESS 20 West Linwood		25. DATE RECD. BY LOCAL REG. 1-13-62	26. REGISTRAR'S SIGNATURE Ruth Long

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Robert J. Boody

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

*Cr. Raht. - Boody
Phoga Time B*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Wm H. Spitz

Licensed Embalmer No. *5038*

P. O. Address *16. C. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.